SCHEDULE J FORM N-40 (REV. 2000) STATE OF HAWAII — DEPARTMENT OF TAXATION

TRUST ALLOCATION OF AN ACCUMULATION DISTRIBUTION

File with Form N-40

See federal Instructions for Form 1041, Schedule J

For domestic complex trusts with tax year beginning _____ and ending _____

2000

and which distributed income accumulated in earlier years. Name of trust Federal Employer I.D. No. **Accumulation Distribution in 2000** Part I Other amounts paid, credited, or otherwise required to be distributed for 2000 (from Schedule B (Form N-40), line 12)... Distributable net income for 2000 (from Schedule B (Form N-40), line 9) 2 Income required to be distributed currently for 2000 (from Schedule B (Form N-40), line 11)..... 3 Line 2 minus line 3. If line 3 is more than line 2, enter zero 4 Ordinary Income Accumulation Distribution (Enter the applicable throwback years below.) Part II Throwback Year **Throwback Year** Throwback Year If the distribution is thrown back to more than five Throwback Year **Throwback Year** years (starting with the earliest applicable tax year beginning after December 31, 1968), attach additional schedules. Enter Distributable Net Income as determined under the governing instrument (Accounting Income).... Distributions (Enter line 13, Schedule B, Form N-40 for 1990 through 1999; line 1, Schedule G, Form N-40 for 1987 through 1989; for years prior to 1987, enter total of columns 3 & 4, Schedule C, Form 7 N-40, for each throwback year) Line 6 minus line 7 Enter amount from line 25, Part III . . 9 9. 10. Undistributed net income (Line 8 minus line 9)............ 10 11. Enter amount of prior accumulation distributions thrown back to any of these years..... 11 12. Line 10 minus line 11 12 13. Allocate amount on line 5 to earliest applicable year first, but not more than line 12 for the same year 13 14. Divide line 13 by line 10 and multiply result by line 9 14 15 16. Tax-exempt interest included on line 13 (Divide line 15 by line 6 and multiply result by line 2(c), Schedule B (Form N-40), or equivalent for applicable throwback year) 16 17. Line 15 minus line 16 17

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Taxes Imposed on Undistributed Net Income (Enter the applicable throwback years below.) If more than five throwback years are involved, attach additional schedules. If the trust received an accumulation distribution from another trust, see federal Regulations section 1.665(d)-1A.

			Throwback Year				
18.	Tax (Enter tax amount from line 22, page 1 of Form N-40 for years prior to 1/1/83. For years after 12/31/82, enter amount from line 23, page 1 of Form N-40 for each throwback year)	18					
19.	Net short term gain (Enter the smaller of the amount from line 15, col. (b), or line 17, col. (b), 1999 Schedule D (Form N-40) and comparable lines for other throwback years.).	19					
20.	Net long term gain (For years prior to 1/1/79, enter 50% of line 16(e) or line 13(e), whichever is applicable, Schedule D (Form N-40). For years after 12/31/78 through 12/31/86, enter 40% of line 16(e), Schedule D (Form N-40). For 1/1/87 through 3/31/87, enter 45% of line 20(e), Schedule D-TR (Form N-40). For 4/1/87 to 12/31/87, enter the smaller of line 22 or 23, column 2, Schedule D (Form N-40). For 1988 through 1999, enter the smaller of line 16 or 17, column (b), Schedule D (Form N-40))	20					
21.	Total net capital gain (Add lines 19 and 20, if net loss, enter zero.)	21					
22.	Taxable income (Enter taxable income amount from line 21, page 1, Form N-40 for years prior to 1/1/83. For years after 12/31/82, enter the amount from line 22, page 1 of Form N-40.)	22					
23.	Enter percent (Divide line 21 by line 22, but not more than 100%)	23					
24.	Multiply amount on line 18 by percent on line 23	24					
25.	Tax on undistributed net income (Line 18 minus line 24. Enter here and on page 1, line 9.)	25					

Part IV

Allocation to Beneficiary — Be sure to complete Form N-405, Tax on Accumulation Distributions of Trusts.

Complete Part IV for each beneficiary. If the accumulation distribution is allocated to more than one beneficiary, attach an additional Schedule J with Part IV completed for each additional beneficiary. If more than five throwback years are involved, attach additional schedules.

Beneficiary ¹ s name	Identifying number			
Beneficiary's address (number and street including apartment number or rural route) City, town, or post office, State, and ZIP code	Enter amount from line 13 allocated to this beneficiary (a)	Enter amount from line 14 allocated to this beneficiary (b)	Enter amount from line 16 allocated to this beneficiary (c)	
26. Throwback year 19	26			
27. Throwback year 19	27			
28. Throwback year 19	28			
29. Throwback year 19	29			
30. Throwback year 19	30			
31. Total. (add amounts on lines 26 through 30) Enter here and on the appropriate lines of Form N-405	31			